C

ENTRY BLA	NK		
PLEASE TYPE	OR PRINT	Entere	ed previous May Show
☐ Ms. ☐ Mr. Artist ☐ Permanent			LDER (Last Name Last) CLEVE, LHS City,
Address S			
44118	Tel. (2/6	932	0657 /771.768
Zip	Area Code		7
Temporary Address			
S	treet		City
	Tel. (
Zip	Area Code	(12.12.0
Permanent addr	ess is in what co	unty? COY	ANOG 17
Born in Cuyaho			
Collaborator	(If Any)		
If entries are no Artist will p	ick up entries a ould dispose of e	t Museum. entries.	Dankindhaa
iviuseum sno	ourd ship entries	to artist C.O.	D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Sauce Schilder

ENTRY BLANKS						
THE STREET						
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
Medium or Materia	ls					
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Price or NFS #75	Insurance Value If NFS Only		11×14			
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1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

121.7340

Please keep address within this box for window envelope.

Name	DAVID WILDER
Address	1720 COVENTRY RO.
City & State	CLEVELAND HTS. ON Zip 44118

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH	
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